

## State of Washington Application for a Water Right



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	For Ec	ology		
Fe	e Pai	d		
Da	ite			

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
	Home Tel: (509) 689-2701
Mailing Address 284 Monse Bridge Road	
City Brewster State WA Zip+4 98812	+ FAX: ()
Section 2. CONTACT - PERSON TO CALL  Same as above	ABOUT THE APPLICATION
Name James D. King & Associates, Inc.	
Mailing Address         P 0 Box 1017           City         Okanogan         State         WA Zip+4         9884	Work Tel: (
Relationship to applicant Agent Zip+4	+ 1017 FAX: (_507_) 422_2007
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than	ground water source (check only one) for the purpose(s)  31  . ATTACH A "LEGAL"  ons.) NOTE: A tax parcel number or a plat number is not the NE <sup>1</sup> / <sub>4</sub> SW <sup>1</sup> / <sub>4</sub> Sec. 34, T. 31 N., R 25E.
☐ Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Okanogan River	A permit is desired for well(s).
Number of diversions:1	
Source flows into (name of body of water): Columbia River	Size & depth of well(s):
LOCATION	
Enter the north-south and east-west distances in feet from section corner:  1200 feet east and 550 feet south from the	
1/4 of 1/4 of Section Township Range (E/W	If location of source is platted, complete below:  Lot Block Subdivision
Gov't Lot 3 34 31 25 E	Okanogan 2 1 Plat of Monse
For Ecology Use Date Received: MACH 2, 1999 Priori SEPA: Exempt/Not Exempt FERC License #	Dept. Of Health #
Date Accepted As Complete MA-4 3/ /9 9 9 By PMIL D	ate Returned By WRIA: 49

ECY 040-1-14

Rev. 7/97 \*\* f

**APPLICATION** 

Appl. No.: 54-32853

S	ection 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named: N/A	
В.	Briefly describe your proposed water system. (See instructions.) Diversion structure, pump, buried mainline, laterals, and sprink components and approved design.	lers of customary
C.	Do you already have any water rights or claims associated with this property or system PROVIDE DOCUMENTATION. Delivery system serves S3-S4-23192C.	em? ÄYES NO 00807C and
SHIM	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INF Completed for all domestic/public supply uses.)	YORMATION
A.	Number of "connections" requested: Type of connection	
В.	(Homes, A Are you within the area of an approved water system?	partment, Recreational, etc.)  ☐ YES ☐ NO
Б.	If yes, explain why you are unable to connect to the system. Note: Regional water County Health Department.	
Co	omplete C. and D. only if the proposed water system will have fifteen	or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?	☐ YES ☐ NO
		oproved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved.	☐ YES ☐ NO oproved version of your plan.
\$50,00000000	ection 7. IRRIGATION/AGRICULTURAL/FARM INFORMAT Completed for all irrigation and agriculture uses.)	ION
A.	Total number of acres to be irrigated:3	
B.	List total number of acres for other specified agricultural uses:	
	Use Acres	
	Use Acres	
~	Use Acres	
C.	Total number of acres to be covered by this application:3_	* * * * * * * * * * * * * * * * * * * *
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no.:</li></ol>	☐ YES ☒NO☐ YES ☒NO
E.	Farm uses:	Sec. 1.
	Stockwater - Total # of animals Animal Type  Dairy - # Milking # Non-milking	(If dairy cattle, see below)

Section 8. WATER STORAGE	
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO	)
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.	st
Section 9. DRIVING DIRECTIONS	
Provide detailed driving instructions to the project site. From Brewster, travel north on US 97 approximate 7 miles to the Monse bridge. Turn west and travel across bridge about 0.7 miles to the place of use.	tely
Section 10. REQUIRED MAP	
A. Attach a map of the project. (See instructions.)	
Section 11. PROPERTY OWNERSHIP	
A. Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):	)
Applicant farms land under Commercial Agriculture Lease No. 59323, lessor being	
State of Washington acting by and through Department of Natural Resources.	
B. Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement: Property is owned by Douglas County PUD, which has granted a perpetual easement for construction, operation, and maintenance of an irrigation system across, over, or under PUD land, easement being 25 feet in width. (copy attached)	)
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.	
Applicant (or authorized representative)  F. H. Van Doren, Van Doren Ranch, Inc.	

Date

Landowner for place of use (if same as applicant, write "same")

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e are returning your application for the following reason	n(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE
complete		RETURN TO THE APPROPRIATE REGIONAL OFFICE
xplanation:		
lease provide the additional information requested abov	e and return your	application by
		8
ology staff	Date	
	26	
cology is an Equal Opportunity and Affirmative Action e		

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

or (360) 407-6006 (TDD).

**APPLICATION** 

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)